

**COUNTY OF CONTRA COSTA
AUTOMATED CHECK DEPOSIT AUTHORIZATION
A.C.H - ENROLLMENT/CHANGE/CANCELLATION FORM**

I hereby authorize the Auditor-Controller to initiate credits in electronic or other form in the amount of the net pay from my 10th and 25th payroll(s), and to deposit such amounts into the indicated account. I understand that the County does not guarantee timely availability of deposits. I also authorize the Auditor-Controller to make adjustments for any erroneous credits. I also understand that transactions under this Authorization will be subject to the Federal Electronic Fund Transfer Act and to other applicable laws and regulations, and the Financial Institution in which my paycheck is deposited will provide me a statement of my rights and obligations in connection with such transactions, in accordance with The Act. This Authorization is to remain in full force until the Auditor-Controller has received notice from me of its termination, or until I terminate my employment or the direct deposit program is cancelled.

THIS SECTION TO BE COMPLETED BY EMPLOYEE. PLEASE RETURN COMPLETED FORM TO THE AUDITOR-CONTROLLER DEPARTMENT - PAYROLL DIVISION.

EMPLOYEE NUMBER

Work Phone # _____

Home Phone # _____

CHECK ONE NEW CHANGE CANCEL

CHECK ONE CHECKING DEPOSIT SAVINGS DEPOSIT

ROUTING NUMBER

FINANCIAL INSTITUTION NAME

(CHECKING/SAVINGS ACCOUNT NO.)

FINANCIAL INSTITUTION STREET ADDRESS

CITY, STATE AND ZIP

PRINT YOUR NAME

(AUTHORIZING SIGNATURE)

CHECK BOX IF YOU WISH TO CONTINUE RECEIVING PRINTED DIRECT DEPOSIT STATEMENTS (SEE EPAY NOTES ON REVERSE)

PLEASE ATTACH COPY OF VOIDED CHECK

Please be aware that actual electronic depositing of your paychecks may be delayed for up to two payrolls after receipt of your authorization to "START" or "CHANGE" direct deposit, as your request is processed.